



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. Box 15606
KANSAS CITY, MISSOURI - 64106

TO: MOT300010345
MCQUAY-NORRIS INC.
2320 MARCONI AVENUE
ST. LOUIS, MO 63110

RE: Hazardous Waste Permit Application - Incomplete Application

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the Part A permit application is incomplete. The items we found missing from the application are marked on the enclosed checklist. All missing items marked with an asterisk (*) should be completed on the application form and the form returned to this office by 9-24-81. All other missing items marked on the checklist should be completed and forwarded to this office under separate cover by 9-24-81.

If the applicant fails or refuses to correct the deficiencies in the application within the time set forth above, the Agency may (1) determine that the applicant failed to qualify for interim status; (2) deny the permit; and (3) commence enforcement action under applicable statutory authority, including Section 3008 of the Resource Conservation and Recovery Act.

If you have any questions, please contact:

Jane Ratcliffe (Technical questions)
(816) 374-6531

Bill Lewis (Administrative questions)
(816) 374-6866



R00025224
RCRA Records Center

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

MISSING ITEMS

II. First Application

*1. Existing Facility Date (on or before
November 19, 1980)

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OR

*2. New Facility Date (after November 19, 1980)

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III. Processes

*A. Process Code - *All process codes shown on Form 3, Pg. 1 of 5 must be shown on Pg. 3 of 5.* ☒

*B. Process Design Capacity-Amount

*1. Amount

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*2. Unit of Measure

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IV. Description of Hazardous Wastes

*A. EPA Hazardous Waste Number

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*B. Estimated Annual Quantity

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*C. Unit of Measure

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*D. Processes

*1. Process Codes - *All process codes shown on Form 3, Pg. 3 of 5 must be shown on Pg. 1 of 5.* ☒

*2. Process Description (If no code is shown)

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V. Facility Drawing

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VI. Photographs

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VII. Facility Geographic Location Latitude

Latitude

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Longitude

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VIII. Facility Owner

- *1. Name of Facility's Legal Owner
- 2. Phone
- *3. Street or P.O. Box
- *4. City or Town
- *5. State
- 6. Zip Code

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IX. Owner Certification

- *A. Name
- *B. Signature
- *C. Date Signed

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X. Operator Certification

- *A. Name
- *B. Signature
- *C. Date

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Comments:

*Form 3 is missing

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